

gentleman from Florida (Chairman STEARNS); and the gentleman from Illinois (Mr. GUTIERREZ), the ranking Democratic member of the Subcommittee on Health for their fine work on this measure and their support in incorporating certain provisions.

The gentleman from Illinois (Mr. EVANS) has long supported in this important bill the issues that are very important and vital for our veterans.

This is an ambitious, but realistic bill. It recognizes recent disturbing trends in funding for veterans health care, notwithstanding the committee's support of significant funding increases.

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This bill will better assure Congress that the VA is continuing to meet vital needs for long-term care services for our veterans. It gives Congress better assurance that the Veterans' Administration will plan effectively for ways to continue treating veterans, regardless of the health care setting.

It will also allow high-priority veterans, who regularly use the VA system, to receive reimbursement for emergency care services. The millennium plan establishes a good baseline for meeting veterans' needs for long-term health care. It provides that veterans with the highest priority for care, those with health care conditions due to military service, receive all of the long-term care that they actually need.

This measure also contains a report-and-wait requirement. This responds to the concerns that VA is dismantling its inpatient programs without adequately planning to fulfill veterans' needs in outpatient or community settings.

This measure also further allows the Veterans' Administration to reimburse certain enrolled veterans for medical emergency expenditures. Veterans who rely on the Veterans' Administration for their health care have been financially devastated by medical emergencies which require them to seek care from the closest available health care facility. Veterans have been told by the VA staff to go to the closest health care facility for emergency care; but once the bills come, the VA has refused repeatedly to reimburse these veterans. The VA should not abandon these veterans when they have a health care emergency.

This millennium bill will also require the Veterans' Administration to work with chiropractors to develop a policy that will allow veterans better access to chiropractic services within the Veterans' Administration. It is abundantly clear that the VA is not operating in a world of unlimited resources. I believe that this bill has many positive gains for veterans while not imposing unreasonable new costs onto an already fiscally strapped system. I endorse this ambitious bipartisan legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. STUMP. Mr. Speaker, I yield such time as he may consume to the

gentleman from Florida (Mr. STEARNS), the chairman of our Subcommittee on Health.

Mr. STEARNS. Mr. Speaker, I thank the distinguished chairman of the Committee on Veterans' Affairs, and I rise in support of H.R. 2116, as amended.

Mr. Speaker, I believe we will one day look back and note on September 21, 1999, that the House took two historic actions on behalf of our American veterans. First, it added \$1.7 billion for veterans' medical care; and, second, it adopted the Veterans' Millennium Health Care Act, H.R. 2116.

This important legislation tackles some of the major challenges facing the VA health care system. In doing so, Mr. Speaker, it offers a blueprint to help position the Veterans Administration for the future. Overall, the bill has four central themes: first, to give VA much needed direction for meeting veterans' long-term care needs; second, it expands veterans' access to health care; third, it closes gaps in current eligibility law; and, fourth, it makes needed reforms that will further improve the VA health care system.

Foremost among vast challenges are the long-term care needs of aging veterans. That challenge has gone unanswered, Mr. Speaker, for too long. This legislation would put a halt to the steady erosion we have seen in the VA long-term care program, and it would establish a framework for expanding access to needed long-term care services.

The bill tackles the challenge posed by the General Accounting Office audit which found that VA may spend billions of dollars in the next 5 years to operate unneeded buildings. In testimony before my subcommittee, the GAO stated that one of every four VA medical care dollars is spent in maintaining buildings rather than caring for patients.

It is no secret that the VA is discussing hospital closures and, in some locations, in some locations, that may be appropriate. The point is that the VA has closure authority today and, my colleagues, has already used it. We should not let tight budgets drive such decisions, however. This bill, instead, requires that decisions on hospital missions must be based on comprehensive studies and planning. The process must include veterans' organizations and the employee groups.

In short, the bill puts in place numerous safeguards to help and protect veterans. Most important, it would specifically provide that the VA cannot simply stop operating a hospital and walk away from its responsibility to those veterans. It must "reinvest" savings in a new, improved treatment facility or improved services in the area.

This is a very reasonable approach. The VA health care system has certainly improved significantly in the last 4 years. This comprehensive bill, my colleagues, continues the VA on the course towards improving veterans' access to needed care. I am proud that

this bill breaks new ground. It is a bold step forward for our veterans in the area of long-term care, emergency care coverage, military retirees' care, and placing the VA health care system on a sounder footing.

Now, we have worked closely with veterans' organizations in developing this legislation. It was not done in a vacuum. And they have recognized the important advances this bill would establish. It is important that the two largest veterans' organizations, representing millions of veterans, the American Legion and Veterans of Foreign Wars, have endorsed this bill. Many other organizations also support the bill, including AMVETS, the Vietnam Veterans of America, the Non-Commissioned Officers Association, the Military Order of the Purple Heart, the Retired Enlisted Association and, Mr. Speaker, the 26 organizations making up the Military Coalition.

So I urge my colleagues to join with me and others here in passing this bill and supporting it on the House floor.

Mr. REYES. Mr. Speaker, I yield 6 minutes to the gentleman from Maine (Mr. BALDACC).

Mr. BALDACC. Mr. Speaker, I wish to thank my colleague, the gentleman from Texas (Mr. REYES), for managing the bill, and for the committee and their work on both sides of the aisle on this very important subject matter. I also wish to echo the statements by the gentleman from Florida (Mr. STEARNS) in regards to the fact of the appropriation being \$1.7 billion for veterans' health care.

I wish to address, Mr. Speaker, the Millennium Health Care Act; and I rise in support of the provisions, most of the provisions in the bill, but there is a section of the bill which I would like to be able to address today, and that is section 206 of the bill. I hope to be able to work with the chairman and the ranking member and the committee as they go to conference to further ensure that rural areas and rural health care needs are addressed.

I think that the amendment that was put forward by the gentleman from Vermont (Mr. SANDERS), that was unanimously approved by a voice vote in regards to the VA-HUD appropriations, which states that the House supports improvements in health care services for veterans in rural areas, was very important. I think we all agree this is an important priority, and I think it extends to the long-term residential care and nursing home care as well as other forms of health care.

The needs of veterans in my State cannot be reasonably met by setting up a single facility in one area of the State. The second district of Maine, which I represent, is the largest physical district east of the Mississippi. I represent 32 rural health clinics in my district, a very sparsely populated 22 million acres of land, and with a large population of veterans versus the whole State-wide population of 1.2 million, a veteran population of 154,000 people.